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APPLICANTS

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** CONTINUING DATA ***** *None* *****

** FOREIGN APPLICATIONS ***** *None* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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Verified and Acknowledged	Examiner's Signature <i>delive</i> Initials <i>del</i>				

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TITLE

Prophylactic and therapeutic treatment of infectious and other diseases with immunoeffector compounds

FILING FEE RECEIVED 1746	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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